February 27, 2006

<u>Testimony on Proposed AFC Licensing Act Rules</u> House Committee on Government Operations Hearing on HB 5744, 5745 and SB 1026, 1027, 1028, 1029, 1030

Representative Drolet and Members of the Committee:

My name is David LaLumia and I am executive director of the Michigan Association of CMH Boards. Thank you for the opportunity to testify this morning. Our organization represents the 46 community mental health services programs serving all 83 Michigan counties. Last year our members served 200,000 persons with mental illnesses, developmental disabilities and substance use disorders.

As we consider the impact of the proposed rules, we tried to assess whether or not they would benefit the health and safety of consumers, result in a higher quality care, or improve other clinical or administrative outcomes. We examined them to see if they might make the system more efficient or simplify administrative functions allowing more of the available dollar to be spent to service and support consumers.

Unfortunately we found none of the above to be the case. On the contrary, the rules will require more administration and more reporting requirements resulting in added costs. We are not aware of any corresponding proposals to finance the added cost of the rules. If promulgated, they will be implemented at the expense of services and supports for consumers.

In 1980 there were almost 9,000 persons living in state institutions in Michigan. Many of these individuals are able to live safely in the community today because

of the network of care provided by local health, community mental health and residential service providers across our state.

CMHSPs serve more than 7,000 individuals in high intensity specialized residential care and more than 5,000 persons in general residential settings. More than 10,000 are being served and supported in independent living arrangements. As you know, these are some of Michigan's most vulnerable citizens.

In most cases today, the CMH system contracts with residential service providers licensed by the AFC Licensing Act to support individuals who need specialized mental health care. Some CMHSPs directly operate residential facilities in their local communities. Whether they contract or direct operate, the proposed rules would apply to these settings and programs.

We don't see how these rules will improve quality of care for consumers or raise salary and benefit levels for residential care workers. We do understand that they will result in more reporting requirements and thus more administrative costs without improving outcomes for consumers.

Neither our organization nor our members were involved in drafting or had input to these rules. We respectfully request that you report out the bills before you today with a favorable recommendation. House Bills 5744, 5745 and Senate Bills 1026, 1027, 1028, 1029 and 1030 will prevent rules like these from being enacted.

Thank you.

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